

GIC Health Plan Rates
Active Employees, Retirees, and Survivors also RMT retired on or after 7/1/12
 Monthly rates as of July 1, 2021

For TOWN OF MONSON Enrollees

Employee and Non-Medicare Retiree/Survivor Pays 30% for HMO and 50% for all other plans
 Including the 0.0035% Administrative Fee

Active Employees, Retirees and Survivors WITHOUT Medicare			
HEALTH PLAN	PLAN TYPE	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	191.26	483.51
Fallon Health Select Care	HMO	258.90	630.17
Harvard Pilgrim Independence Plan	POS	482.13	1178.07
Harvard Pilgrim Primary Choice Plan	HMO	209.39	534.59
Health New England	HMO	189.10	451.34
Tufts Health Plan Navigator	POS	418.33	1022.97
Tufts Health Plan Spirit	HMO-type	191.62	462.57
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	602.09	1337.06
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	571.79	1268.07
UniCare State Indemnity Plan/Community Choice	PPO-type	296.92	737.92
UniCare State Indemnity Plan/PLUS	PPO-type	391.00	933.36

Retirees and Survivors with Medicare pay 50% for all plans.

Retirees and Survivors with Medicare & RMT - retired on or after 7/1/12		Retiree/Survivor Pays per person
HEALTH PLAN	PLAN TYPE	Individual Coverage
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	206.71
Health New England Medicare Supplemental Plus	Medicare (Indemnity)	207.09
Tufts Health Plan Medicare Complement	Medicare (Indemnity)	196.30
Tufts Health Plan Medicare Preferred**	Medicare (HMO)	166.35
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)	204.42
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare (Indemnity)	198.56

**Benefits for Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2022.

Rates are calculated by the Town of Monson Human Resources Department

RATE QUESTIONS? CALL 413-267-4125

GIC Health Plan Rates
Retired Municipal Teachers (RMT) retired on or before 6/30/12
 Monthly rates as of July 1, 2021
For TOWN OF MONSON Enrollees
 Including the 0.0035% Administrative Fee

		Retired Municipal Teachers WITHOUT Medicare					
		RMT - Retired on or before July 1, 1990 10%		RMT - Retired after July 1, 1990 through August 16, 2011 15%		RMT - Retired after August 17, 2011 through June 30, 2012 20%	
HEALTH PLAN	PLAN TYPE	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	63.75	161.17	95.63	241.76	127.50	322.34
Fallon Health Select Care	HMO	86.30	210.06	129.45	315.09	172.60	420.12
Harvard Pilgrim Independence Plan	POS	96.43	235.61	144.64	353.42	192.85	471.23
Harvard Pilgrim Primary Choice Plan	HMO	69.80	178.20	104.69	267.29	139.59	356.39
Health New England	HMO	63.03	150.45	94.55	225.67	126.07	300.89
Tufts Health Plan Navigator	POS	83.67	204.59	125.50	306.89	167.33	409.19
Tufts Health Plan Spirit	HMO-type	63.87	154.19	95.81	231.29	127.74	308.38
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)*	Indemnity	174.96	391.58	232.14	518.39	289.31	645.20
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	114.36	253.61	171.54	380.42	228.71	507.23
UniCare State Indemnity Plan/Community Choice	PPO-type	59.38	147.58	89.07	221.38	118.77	295.17
UniCare State Indemnity Plan/PLUS	PPO-type	78.20	186.67	117.30	280.01	156.40	373.34

*CIC is an enrollee-pay-all benefit.

		Retired Municipal Teachers WITH Medicare		
		RMT - Retired on or before July 1, 1990 10%	RMT - Retired after July 1, 1990 through August 16, 2011 15%	RMT - Retired after August 17, 2011 through June 30, 2012 20%
HEALTH PLAN	PLAN TYPE			
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	41.34	62.01	82.68
Health New England Medicare Supplemental Plus	Medicare (Indemnity)	41.42	62.13	82.84
Tufts Health Plan Medicare Complement	Medicare (Indemnity)	39.26	58.89	78.52
Tufts Health Plan Medicare Preferred**	Medicare (HMO)	33.27	49.91	66.54
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)*	Medicare (Indemnity)	51.43	71.29	91.14
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare (Indemnity)	39.71	59.57	79.42

*CIC is an enrollee-pay-all benefit.

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